

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

Scen. No.

JUDG. 14:17

10

1

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51					
2								51					
3								53					
4								54					
5								55					
6								56					
7								57					
8								58					
9								59					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL S.0.								TOTAL U.0.					
TOTAL S.P.								TOTAL U.P.					
TOTAL CLAIMS								TOTAL CLAIMS					

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SCROLL NO.

FILED DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101													
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48													
49													
50													
TOTAL FEE.													
TOTAL FEE.			↓		↓								
TOTAL CLAIMS			←	20	←								
			21										